

**Nixon Peabody LLP**  
Attorneys at Law

Suite 900  
401 9th Street, N.W.  
Washington, D.C. 20004-2128  
(202) 585-8000  
Fax: (202) 585-8080

**PRIVILEGE AND CONFIDENTIALITY NOTICE**  
The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (202) 585-8000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

**RECEIVED**  
**CENTRAL FAX CENTER**

**FAX**

JUN 16 2005

To:	Company	Fax #:	Telephone #:
1) Customer Service-GAU 3731	U.S. PTO	703-872-6390	

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Donald R. Studebaker	Date: June 16, 2005	No. of Pages: 21 (including this page)
----------------------------	---------------------	---

The following document(s) are being presented for facsimile filing in the United States Patent and Trademark Office:

1. Transmittal
2. Fee Transmittal
3. Amendment

In re PATENT Application of  
Inventor(s): Ravenscroft, et al.  
Filed: November 12, 2003  
Serial No.: 10/705,226  
For: Medical Device Anchor and Delivery System

**CERTIFICATE OF TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 703-872-9306, on June 16, 2005.

Signature:  
Name: Shoshone Abdulkarim

First Class Mail     Overnight Mail

Original of the transmitted document will be sent by:

Hand Delivery     This transmission will be the only form of delivery of this document

**IF YOU DO NOT RECEIVE ALL OF THESE PAGES, PLEASE CONTACT THE FAX OPERATOR AS SOON AS POSSIBLE AT: (202) 585-8000. THANK YOU.**

CONFIRMATION: DATE SENT \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

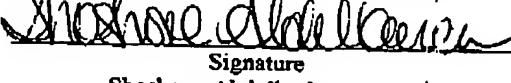
INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

**RECEIVED**  
OIPE/IAP

JUN 17 2005

**Best Available Copy**

W660369.1

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/705,226
		Filing Date November 12, 2003
		First Named Inventor Ravenscroft, et al.
		Group Art Unit 3731
		Examiner Name Tan-Uyen T. H.
Total Number of Pages in This Submission 20		Attorney Docket Number 032085-2
<b>ENCLOSURES</b> <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice Brief, RQF Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____
	Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Donald R. Studebaker (Reg. No. 32,815) Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128	
Signature		
Date	June 16, 2005	
<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>		
I hereby certify that this correspondence is being:		
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450		
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-6390.		
June 16, 2005	 Signature Shoshone Abdulkarim Typed or printed name	
Date		

<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> <b>FEE TRANSMITTAL FOR FY 2005</b>		<i>Complete if Known</i>	
		Application Number	10/705,226
		Filing Date	November 12, 2003
		First Named Inventor	Ravenscroft, et al.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Tan-Uyen T. Ho	
<b>TOTAL AMOUNT OF PAYMENT</b>	(S) <b>\$550.00</b>	Art Unit	3731
		Attorney Docket No.	032085-2

**METHOD OF PAYMENT** (check all that apply)

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: NIXON PEABODY LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2028A.

**FEES CALCULATION****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple document claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
36 - HP = 30	6	\$ 255.00	\$ 150.00				50 25

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
8 - 3 or HP = 4	4	\$ 100.00	\$ 400.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$12 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number)	x	-

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**SUBMITTED BY**

<u>Signature</u>	<u>D. R. Studebaker</u>	Registration No. 32,815 (Attorney/Agent)	Telephone 202-591-8000
Name (Print/Type)	Donald R. Studebaker		Date June 16, 2005

SEND TO: Commissioner for Patents  
P.O. Box 1450

Best Available Copy

JUN. 16. 2005 6:05PM

866 741 0075

NO. 3548 P. 4

RECEIVED  
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

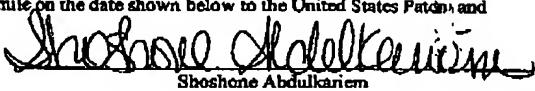
JUN 16 2005

Application No.	:	10/705,226	)	Confirmation No. 3541
Applicant	:	Ravenscroft, et al.	)	Date: June 16, 2005
Filed	:	November 12, 2003	)	
TC/A.U.	:	3731	)	
Examiner	:	Tan-Uyen T. Ho	)	
Docket No.	:	032085-000002	)	

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.

June 16, 2005  
Date

  
Shoshene Abdulkarim

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of the paper.

Remarks/Arguments begin on page 15 of this paper.

Best Available

06/17/2005 SFELEKE1 00000043 192380 10705226

01 FC:2201 400.00 DA  
02 FC:2202 150.00 DA

W657040.1